

September Holiday Programme 10th – 14th gr
5th to 8th October inclusive

Venue: Action Indoor, Iverson Terrace



Name _____
Date of Birth _____
Address _____

Home Phone _____
Team played 2009 _____ Grade _____
Parents/ Guardian
Name s _____
Contact Phone (03) _____ Mobile _____
Email _____

Method of payment: Direct through
www.cashmere-soccer.co.nz/gen/payments_jnr.htm
or by cheque with registration.

Amount **\$45-00** please indicate (Direct or Cheque)
Cheques to be made out to Cashmere Wanderers AFC

Waiver of Liability

I give permission for my child to attend the Programme run by the Cashmere Wanderers AFC. The C.W.A.F.C. coaches will act on my behalf and notify me straight away if there is an issue that arises during a training session. I hereby waive and release all Cashmere Wanderers coaches from any liability of injuries sustained to my child whilst at the training sessions.

Parent/ Guardian Signature: _____ Date: _____

Please send completed registration form and payment to:
Cashmere Wanderers
Holiday Programme
PO Box 28 048
Christchurch